

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         | M. G     |        | 6/30/00 |
| O.I.P.E. CLASSIFIER       |          |        | 7-11-00 |
| FORMALITY REVIEW          | Ø        | 71008  | 7/25    |
| RESPONSE FORMALITY REVIEW |          |        |         |

### INDEX OF CLAIMS

Rejected N  
 Allowed I  
 (Through numeral)... Canceled A  
 Restricted O

Non-elected  
 Interference  
 Appeal  
 Objected

| Claim          | Date |
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| Claim          | Date |
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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